## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			iln		CON	(Ooidiiii 2)				10H	,	
			40			<del> </del>		RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			#/Q minus 20=		- 20			X\$ 9=		OR	X\$18=	960
INDEPENDENT CLAIMS			/ U minus 3 =		7			X43=		OR	X86=	600
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	INTY
CLAIMS AS AMENDED - PART II											OTHER THAN	
(Column 1) (Column 2) (Column								SMALL	ENTITY	OR	SMALL	
AMENDMENT A	10/pc/1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 40	Minus	** 40	)	= 0		X\$ 9=		OR	X\$18=	
AME	Independent	* 10	Minus	***   (	)	= //		X43=		OR	X86=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	·
•	1,8,15, 20,25,31,37,38,39,40							TOTAL ODIT, FEE	_	OR	TOTAL ADDIT. FEE	
		_			-		·					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		'X\$ 9=		OR	X\$18=	
AME	Independent	٠	Minus	driver.		=	┇┋	X43=		OR	X86=	
Ľ	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM		<b>」</b>	+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT, FEE	<del></del>
ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***			lŀ	X43=			X86=	
٩	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		┞			OR	7.00=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OF ADDIT. FEE ADDIT. FEE												
		ber Previously Pak					r foun	d in the app	ropriate box	in col	JMN 1.	